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Application Number.

| TRANSMITTAL |  |
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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/517,016-Conf. #8752 Filing Date December 3, 2004 First Named Inventor Yoshikazu Ohashi Art Unit 3617 **Examiner Name** Mark T. Le Attorney Docket Number 19036/40137

| ENCLOSURES (Check all that apply)          |                                          |                                                         |          |                                                                |  |  |
|--------------------------------------------|------------------------------------------|---------------------------------------------------------|----------|----------------------------------------------------------------|--|--|
| Fee Transm                                 | nittal Form                              | Drawing(s)                                              |          | After Allowance Communication to TC                            |  |  |
| X Fee A                                    | ttached                                  | Licensing-related Papers                                |          | Appeal Communication to Board of Appeals and Interferences     |  |  |
| x Amendment                                | t/Reply                                  | Petition                                                |          | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |
| After I                                    | Final                                    | Petition to Convert to a Provisional Application        |          | Proprietary Information                                        |  |  |
| Affida                                     | vits/declaration(s)                      | Power of Attorney, Revocati<br>Change of Correspondence |          | Status Letter                                                  |  |  |
| x Extension of Time Request                |                                          | Terminal Disclaimer                                     |          | Other Enclosure(s) (please Identify below):                    |  |  |
| Express Aba                                | andonment Request                        | Request for Refund                                      |          |                                                                |  |  |
| Information                                | Disclosure Statement                     | CD, Number of CD(s)                                     |          |                                                                |  |  |
| Certified Co<br>Document(s                 | py of Priority<br>s)                     | Landscape Table on                                      | CD       |                                                                |  |  |
| Reply to Mis                               |                                          | Remarks                                                 |          |                                                                |  |  |
|                                            | to Missing Parts under<br>R 1.52 or 1.53 |                                                         | •        |                                                                |  |  |
| ļ                                          |                                          |                                                         |          |                                                                |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                          |                                                         |          |                                                                |  |  |
| Firm Name                                  | MARSHALL, GERS                           | TEIN & BORUN LLP                                        |          |                                                                |  |  |
| Signature                                  | Twee                                     |                                                         |          |                                                                |  |  |
| Printed name                               | Russell C. Petersen                      | •                                                       |          |                                                                |  |  |
| November 2, 2006                           |                                          |                                                         | Reg. No. | 53,457                                                         |  |  |

| I hereby certify that this paper (along with any paper the date shown below with sufficient postage as Firs | referred to as being attached or<br>t Class Mail, in an envelope add | enclosed) is being deposited essed to: MS Ameriament, | with the U.S. Postal Service on Commissioner for Patents, P.O. |
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| Dated: November 2, 2006                                                                                     | Signature:                                                           |                                                       | (Russell C. Petersen)                                          |

PTO/SB/17 (07-06)
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|-------------------------------------------------------------------------|-----------------------|-------------------------|------------------|----------------------------------------|---------------|------------------------|-------------|------------------|
| Effective on 12/08/2004.                                                |                       |                         |                  | Complete if Known                      |               |                        |             |                  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                       |                         | 318). Ap         | Application Number 10                  |               | 10/517,016-Conf. #8752 |             |                  |
| FEE TRANSMITTAL                                                         |                       |                         | Fi               | Filing Date December 3                 |               | December 3, 2          | 2004        |                  |
| For FY 2005                                                             |                       |                         | Fi               | First Named Inventor Yoshika           |               |                        | ashi        |                  |
| FU                                                                      | 7 F 1 ZUU             | <u> </u>                | E                | Examiner Name Marl                     |               | Mark T. Le             |             |                  |
| Applicant claims s                                                      | mall entity status. S | See 37 CFR 1.27         | Ar               | Art Unit 3617                          |               | 3617                   |             |                  |
| TOTAL AMOUNT OF F                                                       | PAYMENT               | (\$) 450.00             | At               | tomey Docket                           | No. 1         | 9036/40137             |             |                  |
| METHOD OF PAYM                                                          | ENT (check all the    | nat apply)              |                  |                                        |               |                        |             |                  |
| x Check Cred                                                            | it Card N             | oney Order              | None             | Other (                                | please identi | ify):                  |             |                  |
| Deposit Account                                                         |                       | er: 13-2855 Depo        | 」<br>sit Account |                                        |               | , GERSTEIN             | & BORU      | N LLP            |
| · — ·                                                                   | dentified deposit a   |                         |                  |                                        | d to: (chec   | k all that apply)      |             |                  |
| F                                                                       | e(s) indicated bel    |                         | 10. 10 110       |                                        |               | icated below, ex       |             | he filing fee    |
|                                                                         | y additional fee(s    |                         | nt of            | x Credit                               | any overpa    | yments                 |             |                  |
| ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                 | der 37 CFR 1.16 :     | and 1.17.               |                  | ·····                                  |               |                        |             |                  |
| FEE CALCULATION  1. BASIC FILING, SEAF                                  |                       | INATION EEES            |                  |                                        |               |                        |             |                  |
| I. BASIC FILING, SEAF                                                   |                       | S FEES                  | SEAR             | CH FEES                                | FXAMIN        | ATION FEES             |             |                  |
|                                                                         |                       | Small Entity            | OL, " "          | Small Entity                           |               | Small Entity           |             |                  |
| Application Type                                                        | <u>Fee (\$)</u>       |                         | <u>ee (\$)</u>   | Fee (\$)                               | Fee (\$)      | Fee (\$)               | <u>Fees</u> | <u>Paid (\$)</u> |
| Utility                                                                 | 300                   |                         | 500              | 250                                    | 200           | 100                    |             |                  |
| Design                                                                  | 200                   | 100                     | 100              | 50                                     | 130           | 65                     |             |                  |
| Plant                                                                   | 200                   | 100                     | 300              | 150                                    | 160           | 80                     |             |                  |
| Reissue                                                                 | 300                   | 150                     | 500              | 250                                    | 600           | 300                    |             |                  |
| Provisional                                                             | 200                   | 100                     | 0                | 0                                      | 0             | 0                      |             |                  |
| 2. EXCESS CLAIM FEE                                                     | S                     |                         |                  |                                        |               |                        |             | Small Entity     |
| Fee Description                                                         |                       |                         |                  |                                        |               |                        | Fee (\$)    | <u>Fee (\$)</u>  |
| Each claim over 20 (inc                                                 | ,                     |                         |                  |                                        |               |                        | 50          | 25               |
| Each independent claim                                                  |                       | g Reissues)             |                  |                                        |               |                        | 200         | 100              |
| Multiple dependent clai                                                 | ms                    |                         |                  |                                        |               |                        | 360         | 180              |
| Total Claims Ex                                                         | tra Claims F          | ee (\$)I                | Fee Paic         | 1 (\$)                                 |               | Itiple Depende         |             |                  |
| HP = highest number of tota                                             | X                     | =                       |                  |                                        | Fee           | <u>e (\$)</u> <u>l</u> | Fee Paid (  | <u>\$)</u>       |
| •                                                                       | •                     |                         | Fee Paic         | 1 (¢\                                  |               |                        |             | <del></del>      |
| Indep. Claims Ex                                                        | tra Claims F          | ee (\$)<br>=            | ree Fait         | 1 (4)                                  | •             |                        |             |                  |
| HP = highest number of inde                                             | ependent claims paid  | for, if greater than 3. |                  |                                        |               |                        |             |                  |
| 3. APPLICATION SIZE                                                     |                       |                         |                  | •                                      |               |                        |             |                  |
| If the specification and                                                |                       |                         |                  |                                        |               |                        |             |                  |
| listings under 37 C                                                     |                       |                         |                  |                                        | or small en   | tity) for each a       | dditional 5 | 0                |
| sheets or fraction th                                                   |                       |                         |                  |                                        |               | - 4                    | <b>.</b>    | D. 1.1. (A)      |
| <u>Total Sheets</u>                                                     | Extra Sheets          |                         |                  | tional 50 or frac                      |               |                        | Fee         | Paid (\$)        |
| - 100 =                                                                 |                       | /50                     | (ro              | und <b>up</b> to a who                 | ie number)    | ×                      | =           | D-:-  (C)        |
| 4. OTHER FEE(S)                                                         | 6120 6                | (no small entity        | dianaum          |                                        |               |                        | rees        | Paid (\$)        |
| Non-English Specifi<br>Other (e.g., late film                           |                       |                         |                  |                                        | ·<br>econd mo | nth                    | 4:          | 50.00            |
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| SUBMITTED BY                                                            | and (                 | 1                       | Red              | gistration No.                         | E0 457        | Telephone              | (242) 47    | 74 6200          |
| Signature /                                                             |                       |                         |                  | omey/Agent)                            | 53,457        | Telephone              | (312) 47    |                  |
| Name (Print/Type) Russe                                                 | ell C. Petersen       |                         |                  |                                        |               | Date                   | Novembe     | er 2, 2006       |

| I hereby certify that this pape | r (along with any paper referred to as b  | eing attached or enclosed) | is bejog deposited with | the U.S. Postal Service on  |
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| Box 1450, Alexandria, VA 22     |                                           |                            |                         |                             |
| Dated: November 2, 2006         | Signature                                 | in                         | (Rus                    | ssell C. Petersen)          |